



053106

COMMONWEALTH OF KENTUCKY  
TELECOMMUNICATIONS RELAY SERVICE FUND  
TELECOMMUNICATIONS ACCESS PROGRAM FUND

Date \_\_\_\_\_

Reporting Month \_\_\_\_\_

Carrier Information	
Company Name	_____
Company Address	_____
Telephone / Fax	_____
Vendor Number	_____

Classification			
Please Circle One	ILEC	CLEC	

Monthly Access Line Data	
1. Total Access Lines in Service.....	_____
2. TRS Surcharge Per Access Line.....	\$0.07
3. Amount of TRS Surcharge Remitted to Fund .....	_____
4. TAP Surcharge Per Access Line.....	\$0.02
5. Amount of TAP Surcharge Remitted to Fund.....	_____

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

JPMorgan Chase GP# 204519 / 204690  
ATTN: Joseph A. Morales AVP.  
Escrow Admin. 15th Floor  
4 New York Plaza  
New York, NY 10004



Send a copy of this report to:

Kentucky Public Service Commission  
ATTN: Jim Stevens  
211 Sower Blvd.  
P.O. Box 615  
Frankfort, KY 40602